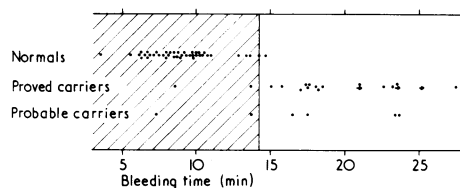


("cold tolerance test").² Our findings with the cold tolerance test applied to potential carriers of haemophilia were presented at the Fifth Congress of the International Society on Thrombosis and Haemostasis in Paris in 1975.³ They have now been extended and we have obtained the following results.

A total of 25 carriers (mothers and daughters of haemophiliacs) were examined. The differentiation into "proved" and "probable" carriers was in accordance with the criteria used by Nilsson *et al.*⁴ Considering the fact that haemophilia may be due to spontaneous gene mutation in some instances, a woman who has one haemophilic son while no further case of haemophilia is known among her relatives is called a "probable" carrier.



Haemorrhagometry: Cold tolerance test in normals and proved and probable carriers of haemophilia.

The figure shows the bleeding times observed with the cold tolerance test. The normal range—that is, up to 14.3 min—is indicated by the shaded area (based on the one-sided non-parametric upper tolerance limit, thus covering 95% of the population whatever the distribution). Of the 25 carriers, 21 had bleeding times outside the shaded area, which means that they can be identified by this method. For the proved carriers the rate of "false-negative" results is even smaller: Only two out of 19 proved carriers showed normal bleeding times with the cold tolerance test. Thus an estimate of the probability of false-positive results is 0.05 by definition and the probability for "proved" carriers to show false-negative results can be estimated as $2/19 = 0.105$.

When the cold tolerance test with the haemorrhagometer was applied to female relatives of haemophiliacs who were not necessarily carriers on genetic reasons—for example, aunts and sisters of haemophiliacs without male offspring ("potential" carriers)—10 of 18 had prolonged bleeding times, which is in fair agreement with the probability of 0.5 to be expected theoretically.

Thus the haemorrhagometry cold tolerance test provides a further diagnostic tool for detecting carriers of haemophilia.

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¹ Sutor, A H, *et al*, *American Journal of Clinical Pathology*, 1971, 55, 541.

² Sutor, A H, Bowie, E J W, and Owen, C A, *jun*, *Blut*, 1971, 22, 27.

³ Jesdinsky-Buscher, C, and Sutor, A H, *Blut*, 1976, 33, 83.

⁴ Nilsson, I M, *et al*, *Acta Medica Scandinavica*, 1962, 171, 223.

*This is an interesting approach to the diagnosis of carriers of haemophilia and looks promising in the hands of the Freiburg workers. The method consists of continuous irrigation of a standard skin wound with cold

distilled water. The haemolysed blood from the wound is then passed through a photometer, where the haemoglobin content is measured and continuously recorded on a moving-pen recorder. If the above results are confirmed by other workers, preferably in a blind study, then haemorrhagometry may be a useful addition to the tests at present used for the detection of carriers of haemophilia.—ED, *BMJ*.

Royal College of General Practitioners

SIR,—According to Dr Ian Capstick (5 February, p 373), members of the Royal College of General Practitioners "are weakening, losing enthusiasm, and have doubts." But surely this happens to the members of any large corporate body after the first few years of its existence. A group of doctors, like any other group of people, consists of a small core of energetic enthusiasts and a large mass of members who grumble at their leaders' actions but do precious little themselves about altering the status quo.

As a foundation member who does not enjoy committee work and whose energy and enthusiasm have been largely diverted into other channels I have stood admirably on the sidelines watching the college gain in stature and recognition over the years. I am sure it will go from strength to strength. General practitioners who are well known for their research and educational activities but have remained outside the college are few in number, whereas hundreds of college members have advanced the status of general practice in both these fields.

As far as general policies are concerned the college leaders would be the first to admit that mistakes have been made, as happens in the early years of any new major organisation, but they have shown that they have been willing to learn from their mistakes and are happy and willing to accept constructive criticism.

The college now requires a fresh impetus in the opinion of many doctors both inside and outside its portals. It could well come from literate enthusiasts such as Dr David Cargill (19 February, p 508). Why can't David Cargill and others who think along similar lines join or rejoin the college and reform it from within? I can guarantee from my own experience of serving for short periods on two college faculty boards and from having contacts with members as lecturer and tutor that they will be given a fair hearing at all levels in the college. Positive suggestions put forward will be debated fairly. Constructive criticism from within the college is more valuable than from outside it, as it is more informed. There can never be too much of it!

DENIS CRADDOCK
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S Croydon, Surrey

"Act of Rape"

SIR,—On 22 January a television programme entitled "Act of Rape" was presented on BBC2. It consisted of a play "based on recent court cases" followed by a panel discussion. Many of our members have complained about the impression the play set out, apparently quite deliberately and certainly successfully, to give of the police and to a lesser extent the

police surgeon—the plaintive cries and later screams of the victim while in the surgeon's room together with the fact that the police officers outside could hear everything that was going on therein gave an impression of a complete disregard by the police surgeon of normal medical ethics and courtesy to his patient. The doctor and the senior police officer on the panel were repeatedly interrupted by the interviewer, who allowed uncomplimentary remarks by the other members of the panel to go unanswered.

We would stress that this association and indeed our police colleagues would not tolerate such behaviour by a doctor, who would be very quickly removed from the police surgeon's rota. We concede, as Barbara Torner, author of the recently published report *The Facts of Rape*,¹ has implied in her chapter on the medical and forensic examination, that all is not well in some areas and that there is room for improvement in these areas, but she has written a fair and well-balanced chapter which gives a much more truthful picture of the subject than the BBC programme.

Since 1967 this association has been pressing for proper medical facilities at police stations and indeed in 1968 sent recommendations to the Home Office for the design and equipment of medical rooms. Following our evidence to the Heilbron Committee² Home Office inspectors of constabulary have notified chief constables that these facilities will be specially inspected this year. We hope economic reasons will not be the excuse for failing to bring medical facilities up to the proper standard, as the cost of providing these at one police station is less than the cost incurred in the investigation and subsequent trial of a rape case. Furthermore, while deploring the type of behaviour shown on the programme, this association by education and example continues to improve the conduct of these examinations. Most police authorities now actively encourage their appointed police surgeons to become members of the association and from our personal knowledge of our members we are sure that they do strive to carry out a difficult and sensitive task with the dignity and professionalism they would expect to be shown to one of their own family in such circumstances.

F A GABBANI
President

H DE LA HAYE DAVIES
Honorary Secretary,
Association of Police Surgeons
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¹ Torner, B, *The Facts of Rape*. London, Arrow Books, 1977.

² Home Office, *Report of the Advisory Group on the Law of Rape*. London, HMSO, 1975.

Radiation-induced breast cancer

SIR,—Your leading article on radiation-induced breast cancer (22 January, p 191) may have produced some apprehension over the use of mammography. The report on your article by the medical correspondent of *The Times* (21 January, p 5) appeared under the headline "Doctors say x-ray testing may lead to breast cancer." Phillip Strax recently told me that in the USA many women have overreacted to similar reports and some are refusing mammography where there are clear clinical indications for it.

The uncertainty surrounding radiation risk estimates is well documented by Goss,¹ and